

REMARKS

Applicants have received and carefully reviewed the Office Action mailed March 9, 2004. With the above amendments, newly presented claims 150-165 remain pending. Reconsideration and reexamination are respectfully requested.

As noted above, Applicants have made various amendments to the specification to correct typographical and/or grammatical errors. No new matter is added.

In the Office Action, all of then pending claims 1-149 were rejected and/or objected to for various reasons. In light of the above amendments, each of claims 1-149 has been cancelled without prejudice, such that each rejection is rendered moot.

Applicants note that the Examiner stated a number of provisional double patenting rejections. The above amendments render the rejection moots. It is believed that the above set of claims overcomes the provisionally stated double patenting rejections. With respect to application number 10/011,860, if another obviousness type double patenting rejection is stated, a terminal disclaimer can be filed.

While Applicants are not required to comment further on the present claims and/or the Office Action, to help advance the application to issue, Applicants note the following with respect to U.S. Patent No. 6,148,230 to KenKnight. It appears to Applicants that KenKnight does not disclose or fairly suggest that a current (fibrillating, defibrillating, or pacing) would be applied using first and second electrodes where neither of the shocking electrodes are disposed in the heart and/or vasculature, as recited in various forms in the above claims. Instead, KenKnight note the following:

An elongate transvenous catheter 11 connected to the defibrillator 18 by yoke 15 to single conductors 12, 14 is flexibly configured for insertion into the heart 4 of the patient through the right atrium 7 and into the right ventricle 6. The catheter carries a distal, right ventricle electrode 8 and a proximal electrode 10. The proximal electrode 10 may be configured for positioning in any suitable location, such as the right atrium or superior vena cava. An additional, right atrium pacing and sensing electrode 28 is also illustrated, which electrode is optional but preferred. In general, at least one defibrillation electrode is included on the transvenous catheter, which may be inserted into the right atrium, the right ventricle, the coronary sinus, or a peripheral vein, etc. The defibrillation pulse is preferably administered by one or more pair of electrodes; the complementary electrode (or additional electrodes) may be positioned in any suitable location, such as on the same or a different transvenous catheter, as a

patch electrode on the outer surface of the heart, on the outer surface of the defibrillator (an "active can" electrode), on the lead carrying the subcutaneous sensing electrodes, etc.

(KenKnight at column 3, lines 20-40.) It appears from the above that KenKnight does not disclose providing a current between two non-vascular electrodes or between two electrodes disposed exclusive of the heart, instead relying on an electrode placed in the vasculature and either in or on the heart as one of the cathode or anode.

Applicants note these distinctions in light of the Examiner's citation to KenKnight in paragraph 7 of the Office Action. It is believed that the methods recited in the above newly presented claims are provided in a form making the location of the electrodes in the patient's body an actively recited portion of each claim. Therefore, these limitations should be considered as providing distinguishing features to the claim.

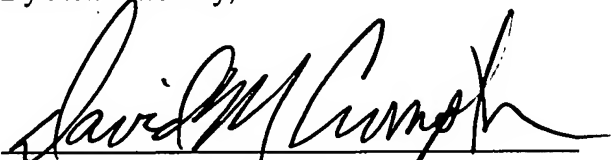
In light of the above amendments and remarks, it is believed that each of newly presented claims 150-165 are in condition for allowance. Consideration, examination, and allowance of all pending claims are respectfully requested. Issuance of a Notice of Allowance in due course is also respectfully requested. If a telephone interview would be of assistance, please contact the undersigned attorney at 612-677-9050.

Respectfully submitted,

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By their Attorney,

Date: 6/2/04



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